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WEST SUFFOLK COUNTY COUNCIL

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ANNUAL REPORT

of the

Principal School Medical Officer

for the

YEAR 1954

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SEEN BY THE  
SCHOOL OFFICER

D. A. McCracken, M.D., D.P.H.,

Principal School Medical Officer

PROPERTY OF THE  
PUBLIC HEALTH DEPARTMENT



Westgate House,  
Bury St. Edmunds.

*To the Chairman and Members of the Education Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting for your consideration the report of the work of the School Health Service for the year ended 31st December, 1954.

I am pleased to report that the degree of co-operation between hospitals, general medical practitioners and the School Health Department continues to improve. A free exchange of information between the three divisions of the Health Service is of undoubted value to the pupils concerned. There is, in particular, a free exchange of information and reports between the consultants of the child guidance clinics and the Department. I am grateful for this close co-operation in a scheme of preventive and curative medicine which is now attracting much public attention.

I acknowledge my indebtedness to all the doctors concerned, and would like it to be known that when information is requested by hospital consultants or general medical practitioners, respecting school children, any information in the Department will readily be supplied.

There is still an acute shortage of dental surgeons but, in spite of this, an appreciable improvement in the service is slowly becoming apparent. If the School Health Service is to be able to help to promote a nation which is dentally fit, it is essential that good dental hygiene should be practised not only by the school population but by expectant mothers and pre-school children. The provision of adequate and modern dental premises and equipment is a pre-requisite of any efficient dental service, and a dental surgeon is entitled to expect to work in good surroundings and under up-to-date conditions. The dental clinics in use at present cannot be regarded as altogether satisfactory and there is need for more adequate premises in Bury St. Edmunds and the provision of proper surgeries at Newmarket and Sudbury.

The work of medical inspection and dental treatment in schools has been greatly facilitated by the provision of well lit, properly equipped premises at the new schools, and I hope that the day has now come when a doctor or dental surgeon is not required to work in an ill lit, badly ventilated or cold cloakroom, storeroom or classroom in school.

I gratefully acknowledge the keen interest taken in the work of the Department by the Chairman and members of the Education Committee, and thank the Chief Education Officer and the County Architect for their willing and helpful co-operation throughout the year and the head-teachers and their staffs who, by their co-operation and understanding, contribute in no small measure to the success of the medical and dental work undertaken in their schools.

I also acknowledge the good work and support I continue to receive from my own medical and lay staff.

I have the honour to be,

Your obedient servant,

DAVID ANDREW McCracken,

*Principal School Medical Officer,*

17th June, 1955.

## STAFF OF THE SCHOOL HEALTH SERVICE ON 31-12-54.

<i>Principal School Medical Officer</i>	David Andrew McCracken, M.D., D.P.H.
<i>Deputy Principal School Medical Officer</i> .....	Alison J. Rae, M.R.C.S., L.R.C.P., D.P.H.
<i>School Medical Officers</i> .....	T. A. H. Smith, M.B., Ch. B.
	G. P. Barclay, M.B., Ch.B., D.P.H.
	P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.
<i>Principal School Dental Officer</i> .....	S. H. Pollard, L.D.S.
<i>Dental Officers</i> .....	J. Dewar, L.D.S., (part-time).
	Miss Pauline T. Fuller, L.D.S. (part-time).
<i>Superintendent School Nurse/Health Visitor</i> .....	Mrs. Marjorie P. Williams ( <i>nee</i> Mullender)
	S.R.N., S.C.M., H.V.Cert.
<i>School Nurses, etc.</i> .....	One School Nurse, 14 School Nurse/Health
	Visitors (two part-time) and two Dental
	Attendants .
<i>Speech Therapist</i> .....	Miss Barbara M. Elton, L.C.S.T.
<i>Administrative Officer, Health Department</i> .....	Miss Dorothy L. R. Kilner.
<i>Senior Clerk for School Health Service</i> .....	Miss Margaret J. Gosling.

## GENERAL STATISTICS.

The County of West Suffolk has an area of 390,916 acres. The latest estimated population at mid-1954 was 124,500. There are no county boroughs within the county.

The average number of children on the rolls of the schools during 1954 was 16,338 and the average attendance was 14,730.

At the end of 1954 there were 136 schools in the county, five being grammar schools, eight modern secondary schools, 122 primary schools and one nursery school. Forty-six were county schools, 73 controlled voluntary schools, 15 aided voluntary schools and two voluntary schools. There are no day or residential special schools.

## MEDICAL INSPECTION

Routine medical inspections were carried out at all the schools, and tables showing the medical officers' findings are included at the end of this report. It was again noticed that most of the children in need of treatment for any defects were already receiving it through the National Health Service. In this connection it is again worthy of mention that reports were received from the hospitals of many children admitted to the wards or attending out-patient departments. These reports were of great value to the School Health Service and were much appreciated.

A table giving the heights and weights of children aged five to 15 years appears on page 10.

It will be seen that the number of children referred for observation regarding defective vision increased in 1954 (377 compared with 168 in 1953), although the total number of "periodic" medical inspections had decreased. This was doubtless brought about by testing the vision of more of the youngest children, using picture and "E" charts, and referring for observation those whose eyesight appeared to be slightly less than normal. The impression gained early in 1955 is that the doctors had erred on the side of caution, as on reinspection many of these children showed no defect.

The number of special examinations was largely accounted for by children seeking employment outside school hours and, in all, 248 were examined for this purpose, some being seen at the time of their routine medical inspection at school. A further comment on these children appears on page 5.

Where appropriate, information was given to the youth employment officers on school leavers. From conversations with such children, the doctors thought that they were helped to find very suitable occupations.

No minor ailment clinics were held but, where necessary, children were seen at the weekly clinic held at Bury St. Edmunds or before or after infant welfare clinics. A list of all these clinics appears below. Most of the children attended for inoculation against diphtheria, for examination regarding their fitness for employment outside school hours, because their behaviour or educational progress was causing concern or because they were thought to need some modification of school routine.



Bury St. Edmunds	.....	Lower Baxter Street Clinic	.....	Saturday mornings	
Hadleigh	.....	Congregational Church School-			
		room	.....	1st & 3rd Mondays in each	month
Long Melford	.....	Village Hall	.....	1st Tuesday	„
Newmarket	.....	Fitzroy Street	.....	1st & 3rd Tuesdays	„
Bildeston	.....	Chapel Schoolroom	.....	1st Wednesday	„
Wickhambrook	.....	Women's Institute Hall	.....	1st Thursday	„
Elmswell	.....	School Dining Hall	.....	1st Thursday	„
Sudbury	.....	Youth Club Premises	.....	1st & 3rd Thursdays	„
Mildenhall	.....	Bunbury Rooms	.....	1st Friday	„
Haverhill	.....	Welfare Hall, Lordscroft Lane		1st & 3rd Fridays	„
Lavenham	.....	Guildhall	.....	2nd Tuesday	„
Clare	.....	British Legion Hall	.....	2nd Tuesday	„
Boxford	.....	Village Hall	.....	2nd Wednesday	„
Rickinghall	.....	Village Hall	.....	2nd Thursday	„
Great Waldingfield	.....	Acton Aerodrome	.....	2nd Friday	„
Nayland	.....	Congregational Church Room	.....	3rd Wednesday	„
Ixworth	.....	Village Hall	.....	3rd Thursday	„
Rougham	.....	Village Hall	.....	3rd Friday	„
Glensford	.....	Old School	.....	4th Tuesday	„
Walsham-le-Willows	.....	Institute	.....	4th Tuesday	„
Brandon	.....	Church Institute	.....	4th Tuesday	„
Lakenheath	.....	Peace Memorial Hall	.....	4th Thursday	„
Bures	.....	Women's Institute Hall	.....	4th Friday	„
Barrow	.....	Reading Room	.....	4th Friday	„

### HANDICAPPED PUPILS.

#### Blind and Partially Sighted Pupils.

There were no blind educable children in the county. One partially sighted child was admitted to a residential school in January, and at the time of writing another child is awaiting a place. In the meantime he attends an ordinary school. Two boys whose vision is very poor, even with glasses, are adequately provided for at ordinary schools.

#### Deaf and Partially Deaf Pupils.

At the end of the year nine deaf and two partially deaf children were attending special schools, one deaf boy having been admitted shortly before his fifth birthday and another, aged three years, being a weekly boarder at a nursery school for deaf children. A four-year-old boy, whose father was serving in H.M. Forces in West Suffolk, was awaiting a place at a special school.

Three children using hearing aids were at ordinary schools. Two of them received training, including lip-reading, from the speech therapist.

#### Delicate Pupils.

One debilitated child was at a special school from November, 1953 to October, 1954, and another spent seven months at a similar school during 1954. There were several other children who might well have benefited from stays at such schools, but whose parents could not be persuaded to let them go away from home.

Four children were known to be diabetic, but were able to attend ordinary schools and to lead more or less normal lives.

#### Educationally Subnormal Children.

Twenty-one children attended special schools for educationally subnormal pupils during the year, including two whose hearing was defective but who appeared adequately placed.

Two children approaching school-leaving age were reported to the Local Health Authority as being in need of supervision after leaving school, in accordance with Section 57 (5) of the Education Act, 1944.

#### Epileptic Pupils.

One epileptic child attended a special school. At the end of the year 33 other children having a history of fits were attending ordinary schools and few were reported to have had any fits in school. It is a source of satisfaction to know that present-day treatment enables such children to live at home and enjoy reasonably normal lives.

#### Maladjusted Pupils.

Thirty-three children from maintained schools attended child psychiatry clinics provided by the East Anglian Regional Hospital Board.

One maladjusted boy was admitted to a suitable independent school, another was sent to a special school and a place found for a third at a special school to which he was admitted in January, 1955.

The psychiatrist advised that one boy should be away from his home environment. His parents had found a place for him as a boarder at an independent school, and the Education Authority accepted financial responsibility for his attendance there as from the beginning of 1955.

Yet another boy, excluded from school on the psychiatrist's advice, had homework sent to him by the headmaster.

A girl suffering from severe nervous disorder spent some months at a hospital special school and was still unfit to attend an ordinary school after her discharge. Occupational therapy was advised for her and was undertaken by one of the County Council's welfare officers who specialises in this work. At the time of writing, she is also receiving tuition from a visiting teacher.

### **Physically Handicapped Pupils.**

Twenty physically handicapped children received education at hospitals outside the county and five West Suffolk children were taught by the peripatetic teacher at Newmarket General Hospital. One boy, an in-patient at the West Suffolk General Hospital, Bury St. Edmunds, received education there for three months.

In December a girl severely crippled by poliomyelitis came with her family to West Suffolk. She had previously spent a long time in hospital but was now fit to attend a special school. There was no difficulty in finding a place for her, and she was admitted to a special school in January, 1955.

### **Pupils Suffering from Speech Defects.**

*The following is a report received from the Speech Therapist :*

"Speech therapy has continued at the clinics at Bury St. Edmunds, Sudbury, Newmarket and Brandon. When it is not convenient for children to receive attention at any of these centres they are seen either at their schools or at their own homes. Ninety-six children have received treatment during 1954 and 36 of them have been discharged during the year. Only seven of these had shown an unsatisfactory response. Twelve others are at present under observation, and in one or two of these cases some home guidance has been given.

#### **"Sigmatism.**

Mispronunciation of the "S" and "Z" sounds is one of the most common and tenacious of speech defects. Children who have had cleft palates mispronounce these sounds, amongst others. Children suffering from high tone deafness also either mispronounce or omit the sibilants. Lispings occasionally occurs with stammering, whilst with a number of speech-defective children lispings is one error amongst a large number of others. However, some children require assistance to overcome the one simple defect — lispings. During the past six years I have treated about 40 such cases, about half of whom have been completely cured. The fact that the percentage of successes is so low indicates that special problems attach to lispings. Failure to eradicate may be due to emotional factors being inherent in the lispings, to the child's lack of patience and perseverance — since training may be long and tedious — or to insufficiently strong motivation. In a number of the cases mal-occlusion of teeth, finger-sucking, mouth breathing, oddly-shaped hard palates, faulty swallowing and tongue habits, may each or all associate with the difficulty. Sometimes new tongue adaptations can be taught easily; at other times this has seemed impossible and further attempts have had to be discontinued. Adaptation once learned, one child may respond rapidly and normalise in a matter of five or six sessions, whilst another after two or three years' patient struggle still remains short of normal. Experience with these cases does not seem to indicate any positive correlation between speed of recovery and intelligence. There are several types of sigmatism besides the "tongue between the teeth" variety, one or two of which are extremely ugly and seem, when present, to dominate the speech. In any case the sibilants are prominent both in number and quality in speech, so that where defective no effort should be spared to correct them,"

BARBARA M. ELTON,

*Speech Therapist.*

### **Ascertainment of Ineducable Children.**

Three children were seen by the school medical officers and reported to the Local Health Authority as ineducable in accordance with Section 57 (3) of the Education Act, 1944.

### **INFECTIOUS DISEASES.**

One small school was closed for six school days during the summer term owing to the incidence of whooping cough. It is against the Education Committee's general policy to close schools on account of infectious disease, but in this case only two children were attending at the time of the closure.



During the autumn term scarlet fever caused appreciable absence at two schools, and repeated visits were made to these schools by members of the medical and nursing staff. It was not found necessary to close either.

#### Immunisation against Diphtheria and Whooping Cough.

Despite encouragement to parents to have their children immunised against diphtheria in infancy and given a reinforcing dose before admission to school, it was found that many children of school age were still unprotected. The parents of these children were urged to let them be inoculated by their private doctors or at the schools or clinics.

During the second half of the year a few cases of poliomyelitis occurred in the area (although no school child was reported as having this disease), and immunisations by school doctors were temporarily suspended.

It was decided in 1953 that the children of parents who requested it, should be inoculated by the doctors at the clinics against whooping cough or given combined diphtheria and whooping cough inoculations. A scheme has been adopted by the West Suffolk County Council and approved by the Ministry of Health, whereby the antigen is supplied free of charge to private practitioners for use when inoculating children against whooping cough or whooping cough and diphtheria.

The following table shows the number of children of school age immunised during the year, the figures given for private practitioners being the numbers reported by the practitioners themselves. A special word of thanks is due to headmasters and headmistresses for the help they have given in this work.

	<i>Private Practitioners.</i>	<i>School Medical Officers.</i>
Inoculations against diphtheria { primary	10	177
{ reinforcing	111	971
Inoculations against whooping cough { primary	19	—
{ reinforcing	1	—
Combined inoculations against diphtheria and whooping cough { primary	22	7
{ reinforcing	123	—

#### VERMINOUS CHILDREN.

The school nurses carried out 39,344 head inspections, finding 185 individual children verminous — a proportion of 1.25% of the average number in attendance at school and the smallest yet recorded. The figure of 185 includes a number of children from a hard core of families who are repeatedly found verminous, being cleansed when followed-up by the nurses but nevertheless relapsing later. Live vermin were seldom found.

It is the nurses' practice to inspect all the children's heads ternily and to get in touch with the parents of any found to have live vermin or nits, giving them printed directions for cleansing and, if necessary, a suitable emulsion. Small-tooth combs are lent or sold to parents requiring them. The children are excluded from school if this is found desirable, and in any case they are re-inspected by the nurses until their freedom from vermin is ensured.

This system is found satisfactory, and it is now five years since a Cleansing Notice was issued under Section 54 (2) of the Education Act, 1944.

#### EMPLOYMENT OF CHILDREN OUTSIDE SCHOOL HOURS.

As mentioned earlier in this report, 248 children wishing to follow employment outside school hours were examined in accordance with the requirements of the County Council's Byelaws. Certificates of fitness were withheld in two cases — in one because the child was temporarily unwell and in the other because the child was frequently absent from school on account of alleged illness, although no defect was apparent when he was examined.

#### MEDICAL AND DENTAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL.

The medical officers inspected all children in the long-term care of the County Council, doing most of this work in the school summer holidays, and the dental officers inspected all aged three years and over. Special examinations were also carried out when asked for by the Children's Officer and, as in previous years, a number of children boarded out in this county by the East Suffolk County Council were examined on behalf of that Authority.

## EXAMINATION OF ENTRANTS TO COURSES OF TRAINING IN TEACHING AND THE TEACHING PROFESSION.

In accordance with Ministry of Education Circular 249 the school medical officers examined 20 entrants to teachers' training colleges and five entrants to the teaching profession.

### SCHOOL DENTAL SERVICE.

#### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

##### **Dental Inspections.**

Approximately one-third of the school children in the county were inspected during the year. There has been a fall in the number of "casuals" to about 2% of the total number inspected. The inspection rate of 100 per session is satisfactory for an area such as West Suffolk. The interval between routine dental inspections is being gradually reduced and it is therefore possible to extend the Service to include additional schools.

The condition of the teeth of children examined indicates that there is much to be done before a satisfactory state of dental health is reached. Time and again dental officers report that oral hygiene is "very poor". The number of children who make no attempt to clean their teeth is most disturbing. Recent research has emphasised the importance of scrupulous oral hygiene if teeth are to survive the effects of modern diet. In a representative group of school children of all ages only 5% were found to be "naturally" dentally sound and to find even one such child aged 14 years or over is a difficult matter.

##### **Dental Treatment.**

The number of children completing a course of treatment is smaller than one would wish. This is due, in general, to the fact that in some areas intervals between inspections are greater than is desirable, and in particular to one part-time officer having commenced treatment at a large secondary modern school serving an area which has not been visited for some years. In these circumstances the amount of work to be done for each child is much greater than it would be with a full staff and more frequent inspections. The present arrangement is of necessity a compromise to utilise the available staff as advantageously as possible.

It has been noticed in certain instances that the number of children receiving regular dental care through the National Health Service has increased. The proportion varies greatly from area to area and indeed from school to school and it is not possible at present to assess the ultimate effect that this will have in relation to the School Dental Service.

##### **Accommodation.**

It has not been possible to provide any new clinic accommodation for dental treatment during the year but it was decided to equip the mobile dental clinic for operation by mains electricity and this work was put in hand at the end of the year.

The new schools now being built have medical inspection rooms which can be adapted as good dental surgeries. As treatment at these schools takes several weeks (especially when part-time dental officers are concerned) it is well worth while taking in heavy equipment, and to this end an additional pump chair, moveable unit and fountain spittoon have been purchased.

It is thus possible to provide a standard of accommodation and equipment vastly superior to the rather primitive conditions under which dental officers have worked in the past, and this arrangement can be extended as new schools are opened.

##### **Staffing.**

No additional dental officers were appointed during 1954 but at the end of the year an application was received for a part-time appointment and the officer concerned commenced duty in January 1955.

S. H. POLLARD,

*Principal School Dental Officer.*



## PROVISION OF MEALS AND MILK IN SCHOOL.

*The Chief Education Officer has kindly furnished the following report :*

“There has, during the period under review, been some recovery in the number of meals served from the substantially lower figures which followed the increase in the price charged for the meal early in 1953. The daily average which reached a peak of approximately 8,500 in 1952-53 fell to about 7,950 for 1953—54, and has risen to just over 8,100 for 1954—55. These figures, of course, have to be considered also in relation to an increasing number of children in the schools. The actual number of meals served in the Committee's schools during 1953—54 was 1,543,508 and is estimated to be 1,589,000, for 1954—55.

“The school kitchens also continue to supply meals to a number of private schools. Hadleigh Hall school was added to these schools. Approximately 20,000 meals a year are provided in this way. The price of the meal to these schools was increased to 1s. 6d. per meal from the beginning of the Summer term, 1954.

“The cost of providing the meal during 1953—54 was 7.82d. for food and 9.03d. for overheads. For the year 1954—55 the Minister has allowed a unit cost of 8.80d. for food and 10.08d. for overheads. The higher cost of food is due to the increases in prices, particularly those for meat, following the removal of rationing and price control in July, 1954. The changed circumstances for the supply of meat caused some difficulties in the early stages and the Committee first of all extended their existing contracts and then entered into contracts for a shorter period than usual in the hope of getting better terms during the transitional period. Some difficulties were also met during the period in the supply position as contractors were not always able to supply cuts and types of meat required. The position has improved and can now be regarded as satisfactory. In general it is felt that a good meal is being supplied to school children and that it is in the main fully appreciated by teachers and parents. Occasionally complaints are received concerned with variety or quantity of foods, but most of these prove on investigation to have little foundation.

“During the year the Ministry discontinued supply of equipment from their Pool and the Committee now have to obtain it by direct purchase. This is contributory to the increase in the overheads' unit cost, but the year 1955—56 will see a substantially greater increase from this change when the stocks held centrally and originally supplied from the Pool are exhausted.

“The staffing of kitchens still continues to present many problems.

“The initial training of new staff and continued training of existing staff is necessary if the nutritional standard of the meal is to be maintained, and if the meal is to be produced and served under hygienic conditions and within the unit cost allowed by the Minister. In this area most of this training has, in practice, to be done by the Committee's Organiser and her assistant in such time as they can spend in each individual kitchen. A successful one-day course was, however, organised during the year in Bury St. Edmunds when it was gratifying to see that nearly 100 per cent of the canteen and dining centre staffs attended.”

### Milk in Schools.

The milk available on every school day to all children attending Maintained Schools was either pasteurised tuberculin tested, pasteurised, or tuberculin tested. Each child taking milk was given one third pint, and on a day chosen at random in October, there were 11,937 such children, representing about 73% of the school population.

The Chief Sampling Officer, under my direction, continues to supervise the quality of the milk supplied. The results of the samples taken, as shown in the following table, may be regarded as satisfactory :—

		<i>Passed</i>	<i>Failed</i>	<i>Invalid or Not Tested</i>	<i>Total</i>
Pasteurised Milk					
Phosphatase Test	.....	156	5	—	161
Methylene Blue Test		125	6	30	161
Tuberculin Tested Milk :					
Methylene Blue Test	.....	9	2	2	13
Biological Examination	.....	11	—	2	13

## PHYSICAL EDUCATION.

*I am also indebted to the Chief Education Officer for the following report :*

“The adoption of methods and schemes of work suggested in the Ministry of Education publications on Physical Education is being encouraged in all schools. The provision of agility apparatus continues and the number of schools equipped now totals fifty-six.

"During November, teachers' meetings were held in five centres in the County for films and discussions on the use of agility apparatus in Junior and Infant schools. The meetings were attended by 82 teachers and a number of parents.

#### **"Games.**

The Annual Schools Netball Rally was held at Beyton Secondary Modern School on the 8th May. Twenty-two schools entered a total of forty-four teams, who were all very neatly dressed, mostly in distinctive school colours. Sincere thanks are due to Mr. Clayton, his Staff and prefects, the teachers who acted as Umpires and Stewards and also to the four P. E. Organisers and Teachers from East Suffolk who come each year to help with umpiring.

#### **"Athletics.**

##### **District Sports.**

Seventeen schools entered three hundred and seventy-six competitors in a programme of fifty events. Fifteen records were broken and one was equalled.

##### **County Sports.**

One hundred and twenty Competitors represented West Suffolk and won the County Championship for the third time running with a score of 149½ against 85½ gained by the runners-up, Ipswich. 20 firsts, 16 seconds and 18 thirds helped to make this record score.

##### **All England Sports, Ashington, Northumberland.**

At the All England School Sports, the County was represented by a team of twenty boys and girls. Suffolk gained second place in the Minor Counties, being only one point behind Buckinghamshire, and fifteenth place in the Major Championships—thirty-seven counties competing. L. Sheldrick of Newmarket Grammar School created a new record in the Junior Boys' Discus event and M. Allen, Silver Jubilee Girls' School gained first place in the Junior Girls' Hurdle Event. These two children have been selected as promising future athletes to have further coaching during 1955 at Lilleshall by national coaches.

#### **Soccer.**

The usual full programme of Soccer games has been held with County Competitors for both secondary and primary schools. The West Suffolk County side reached the third round of the English Schools Shield Competition and are finalists of the Suffolk County Championship. Five members of the West Suffolk team have been selected to represent Suffolk at Soccer in full inter-County matches. A West Suffolk boy from a village school has been appointed Captain of the Suffolk County Schoolboys side. This is the first time this honour has been awarded to West Suffolk."

### **SCHOOL BUILDINGS.**

*For the following report I am indebted to the County Architect :*

"During the year some decorations were carried out to all the secondary schools except Haverhill and Beyton ; and to 19 primary schools, numerous minor improvements being included.

"At Ixworth Controlled V.P. School, water borne sanitary offices have been erected, and a staff lavatory has been provided at Great Waldingfield Controlled V. School.

"Electricity has been installed in four further primary schools but there are many more where this can now be provided. Playgrounds have been laid at a further six primary schools, and piped water supplied to 11.

"The additional classrooms urgently required at the High School for Girls, Sudbury, and Great Whelnetham Controlled V. School, the latter complete with sanitary offices, have been provided ; and a Medway classroom unit added to Freckenham Controlled V. School, also a new science laboratory and other improvements completed at Newmarket Grammar School.

"Work on the new block at King Edward VI Grammar School, Bury St. Edmunds, was commenced early in the year with a view to its being taken into use in September, 1955.

"Tenders for the secondary modern school to be erected at Ixworth were obtained in December, and it is anticipated work will commence shortly."

The medical officers continue to report upon the conditions existing at the schools at the time of their visits and, where necessary, their reports are passed on to the Chief Education Officer.

### **THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.**

This Society's work in West Suffolk was, as always, much appreciated. Sixty-seven children of school age were included in new cases referred to the Society by the education authority's staff, and many "old cases" continued to be supervised and helped.

## STATISTICS.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS.

## A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants (mainly born in 1949, or in 1948 but not examined previously)	.....	.....	1,798
Second Age Group (mainly born in 1943, or in 1942 but not examined in 1953)	.....	.....	1,449
Third Age Group (mainly born in 1940 or 1939)	.....	.....	1,090
		Total	4,337
Number of other Periodic Inspections	.....	.....	—
		Grand Total	4,337

## B.—OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	251
Number of Re-Inspections	.....	.....	3,390
		Total	3,641

## C.—PUPILS FOUND TO REQUIRE TREATMENT.

<i>Group.</i>	<i>For defective vision (excluding squint).</i>	<i>For any of the other conditions recorded in Table II.</i>	<i>Total individual pupils.</i>
Entrants	76	141	202
Second Age Group	131	89	206
Third Age Group	105	26	119
	—	—	—
Total (prescribed groups)	312	256	527
Other Periodic Inspections	—	—	—
	—	—	—
Grand Total	312	256	527

D.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE  
YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	1,798	447	24.86	1,245	69.24	106	5.90
Second Age Group	1,449	501	34.58	903	62.32	45	3.10
Third Age Group	1,090	228	20.92	834	76.51	28	2.57
Other Periodic Inspections	—	—	—	—	—	—	—
Total	4,337	1,176	27.12	2,982	68.75	179	4.13



TABLE II.  
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

<i>Defect or Disease.</i>	<i>Periodical Inspections.</i>		<i>Special Inspections.</i>	
	<i>No. of defects.</i>		<i>No. of defects.</i>	
	<i>Requiring treatment</i>	<i>Requiring observation only.</i>	<i>Requiring treatment.</i>	<i>Requiring observation only.</i>
Skin .....	31	26	1	—
Eyes—(a) Vision .....	312	377	5	9
(b) Squint .....	41	4	—	1
(c) Other .....	2	19	1	—
Ears—(a) Hearing .....	1	10	3	—
(b) Otitis Media .....	8	23	—	2
(c) Other .....	—	1	—	—
Nose or Throat .....	47	229	2	2
Speech .....	8	25	34	6
Cervical Glands .....	2	27	—	—
Heart and Circulation .....	6	25	—	—
Lungs .....	29	70	—	—
Developmental—				
(a) Hernia .....	2	11	—	—
(b) Other .....	25	8	1	—
Orthopaedic—				
(a) Posture .....	—	16	—	—
(b) Flatfoot .....	7	30	—	—
(c) Other .....	33	106	1	1
Nervous system—				
(a) Epilepsy .....	10	7	—	1
(b) Other .....	2	10	—	1
Psychological—				
(a) Development .....	1	55	5	4
(b) Stability .....	—	35	5	2
Other .....	13	27	—	2

TABLE III.  
AVERAGE HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN.

<i>Children Measured and Weighed.</i>	<i>Year of Birth.</i>	<i>Average Height</i>		<i>Average Weight</i>	
		<i>Ft.</i>	<i>Ins.</i>	<i>Sts.</i>	<i>lb.</i>
40 boys	1949	3	7 $\frac{3}{4}$	3	2
49 „	1948	3	9	3	6
69 „	1947	4	0 $\frac{1}{4}$	3	12 $\frac{1}{2}$
43 „	1946	4	2	4	4 $\frac{1}{4}$
36 „	1945	4	4 $\frac{1}{4}$	4	12 $\frac{1}{2}$
32 „	1944	4	6	5	2 $\frac{1}{4}$
76 „	1943	4	5 $\frac{1}{4}$	5	6 $\frac{1}{4}$
63 „	1942	4	9 $\frac{3}{4}$	5	13
71 „	1941	5	0	6	11 $\frac{1}{2}$
53 „	1940	5	2 $\frac{1}{4}$	7	6 $\frac{3}{4}$
17 „	1939	5	6 $\frac{3}{4}$	8	9 $\frac{1}{2}$
35 girls	1949	3	6 $\frac{1}{2}$	2	13 $\frac{1}{2}$
48 „	1948	3	9 $\frac{3}{4}$	3	5 $\frac{1}{2}$
57 „	1947	4	1 $\frac{1}{4}$	3	10 $\frac{1}{2}$
52 „	1946	4	2	4	4
33 „	1945	4	3 $\frac{1}{2}$	4	5 $\frac{1}{2}$
28 „	1944	4	7	5	5
82 „	1943	4	8	5	11 $\frac{1}{2}$
70 „	1942	4	10 $\frac{1}{4}$	6	6 $\frac{1}{2}$
62 „	1941	5	0 $\frac{3}{4}$	7	6 $\frac{1}{2}$
59 „	1940	5	1 $\frac{3}{4}$	7	8 $\frac{1}{2}$
19 „	1939	5	2 $\frac{1}{2}$	8	3 $\frac{1}{2}$

TABLE IV.

## DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers—								
	(a) Periodic	.....	.....	.....	.....	.....	....	.....	5,193
	(b) Specials	.....	.....	.....	.....	.....	.....	.....	156
							Total	.....	5,349
(2)	Number found to require treatment	.....	.....	.....	.....	.....	.....	.....	3,530
(3)	Number referred for treatment	.....	.....	.....	.....	.....	.....	.....	3,498
(4)	Number actually treated	.....	.....	.....	.....	.....	.....	.....	1,452
(5)	Attendances made by pupils for treatment		.....	.....	.....	.....	.....	.....	4,307
(6)	Half-day devoted to : Inspection	.....	.....	.....	.....	.....	.....	.....	52½
	Treatment	.....	.....	.....	.....	.....	.....	.....	752½
							Total	.....	805
(7)	Fillings—Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	3,114
	Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	168
							Total	.....	3,282
(8)	Number of Teeth filled—Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	2,599
	Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	162
							Total	.....	2,761
(9)	Extractions—Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	388
	Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	1,269
							Total	.....	1,657
(10)	Administration of general anaesthetics for extraction	.....	.....	.....	.....	.....	.....	.....	307
(11)	Other Operations—Permanent Teeth	.....	.....	.....	.....	.....	.....	.....	1,239
	Temporary Teeth	.....	.....	.....	.....	.....	.....	.....	141
							Total	.....	1,380

